#### Attachment B - Articles of Incorporation and Certificate of Authority

See Attached



**DEAN HELLER** Secretary of State

101 North Carson Street, Suite 3 Carson City, Nevada 89701-4786 (775) 684 5708



Ulfice Use Only:

FILED # C17462-00

JUN 2 3 2000

DISTRIBUTION OF

	Chinesia	(110)00	rtant: Read attached instructions before o	completing form.	DEAN HELLER SECR	kil.	
_			Tant. Read attached institute in second	- milpiaulig i armi	VEAR MELLER SECR	STAIL OL STOR	
1	. Name of Corpor	<u>ration:</u>	LONG DISTANCE BY	TLLING SERVICES, INC.			
2	Resident Agent and Street Addr		NATIONAL CORPORATE RESEARCH, LTD.				
(must be a Newerla acts where process may be		t/mess	Name  202 South Minnesota Street Street Address	Carson City City	NEVADA	89703 Zip Code	
3.	Shares: (multiple of shares compration authorized to issue)		Number of shares with par value:	Number of share Par value: without par value			
4.	Names, Addresses, Number of Board of Directors/Trustees;		The First Board of Directors/Trustees shall consist of members whose names and addresses are as follows:				
			Name	P11	TTA ·	24528	
		1	436 Lynchburg Avenue Street Address	Brookneal City	State	Zip Code	
	•			-			
			2. Danny Dunnaway			24.520	
			436 Lynchburg Avenue	Brookneal	, VA	24528	
			Street Address	City	State	Zip Code	
			3. Parric Boggs			<u> </u>	
			Name 436 Lynchburg Avenue	Brookneal	VA	24528	
			Street Address	City	State	Zip Code	
		İ	4 Peter Maggi	•			
		}	Name				
			436 Lynchburg Avenue	Brookneal City	State	Zip Code	
·			Street Address	Oity	Olere	2.p 0000	
5.	Purposo: (celional-sea Institució	1	The purpose of this Corporation shall be:		•		
6.	Other Matters:		Number of additional pages attached:	_			
	Names, Address and Signatures	36	Ann Marie Cummins		Cumu	is	
	Incorporators:		Namec/o National Corporate Res	New York	NY	10122	
	Incorporations)		Address	City	State	Zip Code	
	G. Britis Science 1817 to 162		Susan Buscarnera	1- Bu	uner		
		1	Namec/o National Corporate Res	search, Signature	1 6 6 7 9		
		1.	225 W 34th St Ltd	d. New York	NY	Zip Code	
<b></b> _			Address	City	State	Zip Cooa	
:	Certificate of Acceptance of Appointment of		NATIONAL CORPORATE RESEARCE	H, LTD hereby accept appointment named corporation.	as Resident Aç	gent for the above	
	Resident Agent:	- 1	12 m	June 23,	2000		
		1.					

Assistant Vice President

# State of Allinois Office of The Secretary of State

Uniteds, application for certificate of authority to transact business in this state of Long Distance Billing Services, inc.
Incorporated under the Laws of the State of Nevada has been filed in the office of the Secretary of State as provided by the Business corporation act of illinois, in force July 1, a.d. 1984.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this

day of  $_{\text{DECEMBER}}$  A.D.  $_{2000}$  and of the Independence of the United States the two hundred and  $_{25\text{TH}}$  .

Desse White

**Secretary of State** 

## Form **BCA-13.15** (Rev. Jan. 1995)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834

Payment must be made by certified check, cashier's check, Illinois attorney's check, lilinois C.P.A.'s check or money order, payable to "Secretary of State."

#### **APPLICATION FOR CERTIFICATE** OF AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS

of State

DEC - 8 2000

JESSE WHITE SECRETARY OF STATE

#### SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date

License Fee Franchise Tax

Filing Fee

Penalties

Approved: (

\$

1.	(a) CORPORATE NAME: Long Distance Billing Services, Inc.  (Complete item 1 (b) only if the corporate name is not available in this state.)						
	(By ele	MED CORPORA ecting this assum ction of business		ereby agrees NOT to use its corporattached.)	orate name in the		
2.	(b) Date o	or Country of Incorfined Incorporation: of Duration: Per	June 23, 2000				
3.	(a) Address of the principal office, wherever located: 436 Lynchburg Avenue			(b) Address of principal office in Illinois:  (If none, so state)			
	Brookneal V		/A 24528				
4.	Name and address of the reg Registered Agent		istered agent and registered	l office in Illinois.			
		Registered Agent	TCS Corporate Services, First Name	Inc. Middle Name	Last Name		
		Registered Agent	First Name One West Old State Capl	Middle Name	Last Name te. 805		
			First Name	Middle Name			
			First Name One West Old State Capl	Middle Name tal Plaza S	te. 805		
			First Name One West Old State Capl Number	Middle Name Ital Plaza S Street	te. 805		
5.		Registered Office .	First Name One West Old State Capi Number Springfield City	Middle Name  tal Plaza S  Street  62701	te. 805 Suite # County		
	States and d	Registered Office .	First Name One West Old State Capi Number Springfield City	Middle Name  tal Plaza S  Street  62701  Zip Code  transact business: (Include state	te. 805 Suite # County		
	States and devada  Names and	Registered Office .	First Name One West Old State Capl Number Springfield City  It is admitted or qualified to	Middle Name  tal Plaza S  Street  62701  Zip Code  transact business: (Include state	te. 805 Suite # County		

7. Purpose or purposes proposed to be pursued in transacting business in this state:

(If not sufficient space to cover this point, add one or more sheets of this size.)

Provide Te	lecommu	nication	Services
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Class	ed and issued shares:  Series	Par Value	Number of Sh Authorized	
common		no par value	100	100
9. Paid- ("Paid	in Capital: \$_ <b>250,00</b> d-in Capital" replaces th		Paid-in Surplus and	d is equal to the total of these accounts.)
	Give an estimate of the corporation for the follow	e total value of all the powing year:	roperty* of the	\$_500,000.00
(b)	Give an estimate of the corporation for the follow	e total value of all the powing year that will be loc	roperty* of the ated in Illinois:	\$
(c)	State the estimated to transacted by it everyw	otal business of the cor where for the following year	poration to be ar:	\$ <u>1,000,000.00</u>
(d)		nnual business of the co from places of business		\$ 50,000.00
** (a) (b) (c)	Office or offices to which Number of shares of all Number of shares of all to the corporation trans	I classes owned by resid- I classes owned by non-reacting business in this st	okneal, VA 24528 orporation are forwarents of Illinois: 0 residents of Illinois: 1 rate at this time?	arded for final acceptance: 10,000 Io ommenced to transact business in Illinois
12. Thisa	application is accompan the last ninety (90) day	ied by a certifled copy of the s, by the proper officer of	ne articles of Incorpor f the state or country	ration, as amended, duly authenticated, wi y wherein the corporation is incorporated
13. The u	undersigned corporation r penalties of perjury, th	has caused this statemer hat the facts stated herein	n are true. (All signa	duly authorized officers, each of whom affin tures must be in <u>BLACK INK</u> .)
Date	ted by Censla	m Bagy		(Exact Name of Corporation)
aπes	(Signature of Se	cretary or Assistant Secr	etary) (Sianat	ture of President or Vice President)

- \* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.
- \*\* When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).

### LIST OF OFFICERS AND DIRECTORS FOR LONG DISTANCE BILLING SERVICES, INC.

#### **OFFICERS**

#### **RESIDENTIAL ADDRESSES:**

Patric Boggs, President Peter G. Maggi, Secretary/Treasurer

Peter G. Maggi, Secretary/Treasurer Mandy Boggs, Assistant Secretary

203 Charlotte Street, Brookneal, VA 24528

144-30 Sanford Ave., Apt. 3R, Flushing, NY 11355

203 Charlotte Street, Brookneal, VA 24528

#### **DIRECTORS**

James Palmer Danny Dunnaway Patric Boggs Peter Maggi 407 Briarwood Drive, Ste 206 A, Jackson, MS 39206

405 Highway 550 NW, Brookhaven, MS 39601

203 Charlotte Street, Brookneal, VA 24528

144-30 Sanford Ave., Apt. 3R, Flushing, NY 11355

All above listed Officers & Directors can be reached at the following principal office:

436 Lynchburg Avenue, Brookneal, VA 24528.